

ness. The complaining witness may be honest in swearing to the complaint, but generally he is incited thereto by some personal feeling; and if he has ever at any time in his life been a little off color the attorneys for the defense go back over his trail, and almost no one present will have much compassion for the complaining witness.

I hope that among you who are present, or those of you who may hereafter read this, and have influence that you can bring to bear, will do so. If a little more interest may be aroused on the subject, I will feel that the time we have consumed has not been wasted.

DISCUSSION.

Dr. A. B. Cowan said that the present was a fairly good law, gained after a hard fight. The law seems to be good and states fully what persons are to be considered as practicing medicine and what the penalties for doing so illegally are. He considered it the duty of county societies to see that suits against illegal practitioners were brought and properly fought. In his opinion the licensing of osteopaths nullified a goodly portion of the law, for they could do much harm, and it was not possible to get at them. He cited a case of strangulated hernia that fell in the way of an osteopath who counseled against operation; the patient died. District attorneys will do little or nothing; the societies should see that the work is done.

Dr. Chester A. Rowell said that he had unfortunately not been present when the paper was read. As to the law, he had but little to say. It was prepared by a committee of the State Society and fought for by them. It had been a very difficult matter to make and keep any law regulating the practice of medicine for the past 25 years; the present law was a compromise, but he thought it a good one. He opposed the compromise made in letting the osteopath bill go through in order to get the medical law, for he considered it a bad compromise. The present law he considered broad enough to cover the ground, and he had no doubt that it would be supported by the Supreme Court.

Dr. Geo. A. Hare thought the whole subject needed plenty of illumination and discussion. There had always been a fight over any medical legislation, but that this was the case was largely the fault of the profession, for it was so poorly organized. While there are many doctors, they are or have been indifferent and organization has meant nothing to them; the whole question, he thought, hinged upon the intelligent and complete organization of the medical profession. When the bill was passed, it was fought for by the State Society, but the Society then had but about 400 members; now it has 1400 members at least and is representative of the whole State, and a large percentage of the physicians in the State. Individuals, he thought, could do but little to enforce the law; an organized profession could do a great deal by awakening public sentiment. He said that in Fresno County they were fortunate; no member of their society would refuse to swear out a complaint and the newspapers would help them; one of the papers would not accept quack advertising and was a staunch friend of the medical profession. He thought the day fast coming when every reputable doctor in the State would have to be a member of his county medical society, and then the public could not turn down the medical men in a community, for they would

be organized and prepared to mold public opinion on such matters.

Dr. W. N. Sherman said that conditions in Fresno were ideal, for they had a large and harmonious county society, and could do a good deal in that way. In other places, where there were no county societies and the profession was not harmonious, little could be done.

Dr. Philip Mills Jones discussed the question of organization and its relation to this matter of properly carrying out the spirit as well as the letter of the law. The movement toward complete organization was spreading so rapidly that he thought it would not be long before all the quacks and illegal practitioners could be driven out. But county societies would have to help in the matter by looking after the physicians in their counties and reporting all illegal practitioners to the State Society office, or to the Board of Examiners. The Board should bring the suits in all cases, for it was the duty of the Board to protect the public by seeing that the law which they represent is enforced. The Board would very gladly help any community or any county society in the work, and if necessary would see that the suits were properly brought.

Dr. Cross, in closing, said that the value of organization could not be overestimated in this connection. With a harmonious organization these suits could be more easily and readily handled and convictions secured. Fresno and Tulare counties were opposites; in the latter there was no society and the profession was not at all harmonious. He thought it not right that he, as an individual, should be called upon to get into such a dirty mess as a fight against an illegal practitioner in order to protect the public, who turn around and "roast" the man who brings the suit and sympathize with the quack, whom they regard as a martyr to professional jealousy. The Board of Examiners should be kept at work on this thing, and if the State will not appropriate money for attorneys, then the societies should do so; but the work should be done and be done by the Board. If the quacks are prosecuted often enough and hard enough, they will be forced out.

NIHILISM IN THERAPEUTICS.

In an address to the Minnesota Pharmaceutical Association, under the above caption, published in *Northwestern Lancet*, October, Dr. Richard Olding Beard has some remarkably pertinent things to say; and he says them forcefully. He speaks of three factors that have lead the pharmacist from his former standing amongst the arts into the ranks of commercialism and away from friendly relations with the physician. "In the men—for you have filled the ranks of your should-be profession with imperfectly educated and poorly trained recruits." "In the matter of methods * * * you have too commonly permitted your licensees to prescribe as well as to dispense drugs. * * * You have frequently encouraged the practice of repeatedly filling prescriptions, often for miscellaneous employment, without orders from the writer." "In the matter of materials the indictment is fully as serious a one. You have not always required a sufficient guarantee of the quality of materials to the use of which your customers have committed their faith. A want of uniformity in the pharmaceutical preparations you dispense has prejudiced the possibility of a systematic study of their effects. Standardization of drugs is a very imperative need. You commonly keep upon your cabinet shelves preparations of whose composition you know little or nothing, whose virtues only

the advertisements allege, of whose adaption to the needs of patients you and they alike are ignorant."

(Possibly the organization of a Bureau of Standardization to certify to standard products, such as that proposed and being investigated by the American Medical and American Pharmaceutical Associations, would do much to remedy the evils pointed out for the Xth time, and here cited by Dr. Beard.)

COMMUNICATIONS.

Improper Advertising Methods.

To the Editor of the State Journal: Allow me to call to the attention of yourself and the readers of the JOURNAL a matter that seems to me of great importance in the preservation of the self-respect of medical men. Of late years we have been flooded with an ever increasing mass of so-called "literature" relating to patented pharmaceutical products, mostly of the coal-tar variety, reprinted from German publications. In most cases these preparations are not recognized in Germany at all; such write-ups, destined to increase the tribute from gullible foreigners, are more easily obtained in Germany from professors and their assistants than in this country, where ethics have caused certain restrictions to be placed on commercialism. This stuff goes into the waste-paper basket at once, or should do so, but it is none the less a nuisance. If we refuse to read the "literature," why should we not refuse to see the persons sent out by the manufacturers to interview doctors and mislead them into considering or using these worthless preparations? As a rule these agents are ignorant of anything save the words that are put into their mouths by their employers, and they assume a knowledge that they do not possess, often in a most aggressively impudent manner. Other preparations are advertised to the public, on billboards, fences, at the corner grocery, in the daily press, etc., and in a most offensive manner. Yet the manufacturers of these preparations still have the audacity to ask the medical profession to recommend their nostrums and their unethical and improper preparations. Bribery, in the form of "samples," "presents" in the shape of paper-weights, calendars, penholders, etc., is also employed and probably reaches a certain number. But these things are not right; they are not even decent. If a manufacturer has a good and worthy preparation to present to the medical profession he may do so in a proper, decent and dignified manner, using honest and proper means of advertising the merits of his preparation to the profession. Why should medical men submit to be rivals of the billboard and the fence, or to be the dumping ground for the lies, either written or printed, which unscrupulous foisterers of nostrums, patented worthless preparations, etc., may choose to unload upon them? Samples are, as a rule, either used to experiment upon some charity patient or are sold to ignorant patients; either procedure is to be most strongly condemned as improper and unethical. Let us by all means strive to put a stop to this prostitution of our profession. The sign on the doorstep which reads, "No peddlers or agents wanted!" applies, in my estimation, to all "detail men," "special agents," and others employed to disseminate this sort of trash, and I invariably call their attention to this interpretation. Unquestionably there are reputable manufacturers doing business in a proper manner, and doubtless represented by well-educated and reputable "detail men"; but they must suffer for the sins of the great majority who certainly could not be included in this class. If they slightly modified some of their methods and then exerted their great

influence, this better class of manufacturers could do much to restrain the irresponsible class from using these many improper advertising methods.

Very truly yours, DUDLEY TAIT.

Discussion of Dr. Sherman's Paper, August Journal, Continued.

To the Editor of the State Journal: — There are some things to say in reply to Dr. Tait's letter which appeared in your Journal of last month. In the first place, I am not at all interested in the personal invective indulged in by Dr. Tait, nor do I intend to retaliate along that line. When one is attacked personally in public, it is necessary to defend oneself, and that is all I wish to do.

Now for the argument. Dr. Tait says he "endeavored to call attention to two distinct points. First, the necessity of rigorous methods in order to avoid errors in diagnosis from contamination." He then says "that to submit a specimen to a long journey prior to subjecting it to culture is not in accord with the precision demanded by modern bacteriologic methods." This objection has already been answered. The specimens sent twice to the laboratory were well protected, being wrapped in many layers of sterile gauze, and then surrounded by gutta percha tissue. Mere length of journey is no argument as to contamination. It is the way in which the specimen is protected that counts. It is quite possible to get a large amount of contamination by carrying an open basin from an operating room through a dusty hospital hall to a laboratory; whereas, on the other hand, some manufacturers ship quantities of sterile Agar Agar culture tubes to California and I have never seen one of these contaminated. Instances of this kind might be multiplied to show that mere length of journey is not the factor to be considered.

Dr. Tait continues: "I further remarked that the first indispensable step in all bacteriologic diagnosis consisted in making a smear for direct examination." As a matter of fact the Doctor did not make that remark to my knowledge. Had he done so, or had he asked what had been found upon the smears, my attention would have been called to the point, and I could have told him that a smear had been made. This rule is so simple and so important that any one who has any laboratory experience at all does it as routine; and it is a routine for all specimens sent to my laboratory—though I find that when the clinician makes the culture I never receive a smear. Now for the findings on the smear. There were present many pus cells and detritus; no bacteria seen. When we remember the comparatively few colonies which developed in culture, we can see the reason why none were found on the smear in an ordinary examination.

The remark which Dr. Tait did make was the following: In citing a hypothetical case he said, "If, for example, we take a specimen of pus from an acute otitis or a marked appendicitis, and examine immediately with or without stain, we shall notice an extreme variety in the morphologic aspect of the specimen. Upon culture of this pus on the ordinary media we shall be surprised at the enormous disproportion between the abundance of microorganisms found upon direct examination of the pus and the small number of colonies developed." This statement as it stands might be criticized severely. It is not of universal application to cases of marked appendicitis. Some cases of appendicitis showing numbers of microorganisms upon smears, show also an enormous number of conglomerate colonies upon cultivation on the ordinary culture media, even after a short time in the incubator.

Now, as regards Dr. Tait's further contention: "If no bacteria be found (on smears), cultures may be dispensed with." This is an error so glaring that any one who has any laboratory experience at all will immediately recognize the falsity of the statement. In proof of this I might state a few well known facts: It is very unusual to find bacteria on smears made from the blood in such diseases as typhoid fever, whereas it is a common occurrence to obtain these bacteria from the blood by means of culture. Also, I might mention what is familiar to all laboratory workers: That often in cases of tubercular serous effusions, one might spend hours and even days looking for the tubercle bacillus on smears without finding one, whereas, using the peritoneal cavity of a guinea pig as a culture tube, so to speak, and injecting a quantity of the fluid, one will get results in a few weeks by the development of tuberculosis in the animal.

To consider further Dr. Tait's letter: He says, "the first indispensable step in all bacteriological diagnoses consisted in making a smear for direct examination." * * * Had Dr. Halton pursued this well-known laboratory method all criticism and discussion would have been avoided, for no one denies the pyogenic properties of Friedlander's bacillus."

Compare this with Dr. Tait's contention in his previous communication: "Dr. Sherman's findings are certainly interesting, and I beg to remind him that with the aid of modern laboratory methods his conclusions might have been, or rather most probably would have been, entirely negatived." One month ago Dr. Tait thought that Dr. Sherman's results "most probably would have been